NISSAN

NISSAN NORTH AMERICA, INC

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Office of Health Plan Standards and Compliance Assistance Employee Benefits Security Administration, Room N-5653 United States Department of Labor 200 Constitution Avenue, NW Washington, D.C. 20210

Attention: RIN 1210-AB27

Nissan North America, Inc. appreciates the opportunity to respond to the Request for Information on Title I of the Genetic Information Nondiscrimination Act of 2008 (GINA). We write to express our serious concerns about the potential adverse impact of the interim final rules on employer-sponsored wellness and disease management programs and to request that you rescind the regulations.

Nissan North America provides confidential voluntary health assessments through third-party to identify employees and their spouses with health risks and offer health improvement programs to reduce those risks. Health assessments provide opportunities for referral to preventive care, disease management programs, health promotion and other behavioral change initiatives. Health improvement programs are critical in slowing the rising cost of health care by making certain that care is matched to what will work best for each and every patient and in motivating people to proactively maintain and improve their health.

Health assessments that include questions about family medical history are vital for identifying Nissan plan participants who may benefit from our wellness initiatives and disease management programs. Without family medical history, some plan participants at higher risk for cardiovascular disease, some cancers, diabetes or other major chronic conditions may go undetected and not allow them an opportunity to be identified to participate voluntarily in our disease management program to avoid debilitating disease, death, and the development of other risk factors.

Nissan uses financial incentives to encourage completion of health assessments. We currently have over 93% participation rate in our voluntary health assessments. It is essential that we be able to continue to use these financial incentives to motivate our participants to complete these assessments.

Implementing the rules, as they are now promulgated, will severely limit our ability to identify those who can most benefit from these valuable voluntary programs that promote wellness, help maintain health and manage chronic disease. Under the current rules, which we follow until changed; we must eliminate all of the family history questions from the voluntary health assessments. The rules will have serious unintended consequences impairing our ability to improve quality, care coordination, medical outcomes and lower costs.

Thank you for your consideration of these important issues.

Sincerely,

Marlin Chapman

Director Compensation & Benefits, H.R. Analytics